

2964

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 526
Registrar's No. 163

1. Place of Death: (a) County Yuma (b) City or Town Yuma (c) Location General Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution minutes; In Community minutes; in Arizona same
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Yuma; (c) City or Town Yuma
(If outside city limits also write RURAL)
(d) Street No. _____; (e) Citizen of foreign country (yes or No) no
3. (a) FULL NAME Infant of Miguel Noriega (b) If Veteran _____ (c) Social Security No. _____

4. Sex female 5. Color or Race white 6. (a) Single, married, widowed or divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased August 20 1944
(Month) (Day) (Year)
8. AGE: Years still born Months _____ Days _____ If less than one day
hrs _____ min _____
9. Birthplace Yuma, Yuma, Arizona
(City, town or county) (State or Country)
10. Usual Occupation stillborn
11. Industry or Business _____
Father { 12. Name Mike Noriega
13. Birthplace Tucson, Arizona
(City, town or county) (State or Country)
Mother { 14. Maiden Name Zofia Alcala
15. Birthplace Yuma, Yuma, Arizona
(City, town or county) (State or Country)
16. (a) Informant's own signature Mike Noriega
(b) Address Route 1 Box 311 Yuma, Arizona

17. (a) Burial, Cremation or Removal buried
(b) Place Yuma, Arizona (c) Date 8/30/44
18. (a) Embalmer's Signature Augustine
(b) Funeral Director The Jackson Mortuary
(c) Address Yuma, Arizona
19. (a) Sept 1, 1944
(b) Mary A. Whippman
(c) Leola L. Whippman
(Date received local registrar) (Registrar's signature)
20M 100% Reg 8-42 B. Co. County File No. Yuma Date Received Sept 1

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) August 20 1944
TIME (Hour and minute) 11:30 A M.
21. I hereby certify that I attended the deceased from not seen by me at any time
that I last saw him _____ alive on _____ 19 _____
and that death occurred on the date and hour stated above.
Immediate cause of death Stillborn
Due to _____
Due to Reported by mid-wife Clara Sanchez
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____
22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature M. D. L. Whippman M. D.
Address Yuma, Ariz Date signed 8/30/44

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically